

# ENTRY BLANK

DO NOT DETACH

PLEASE TYPE OR PRINT

Entered previous May Show

☒ yes ☒ no

☐ Ms.

☒ Mr. Artist

James G. Meeks

Permanent

Address

4473 W. 133

(Last Name Last)

Clev.

44135

Street

Tel. (216) 476-1658

City

Zip

Area Code

Temporary or

Studio Address

Same

Street

City

Tel. ( )

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in? \_\_\_\_\_

Collaborator \_\_\_\_\_

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist C.O.D. at this address:

## Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

James G. Meeks

DO NOT DETACH

# ENTRY BLANKS

1

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography  
☐ 4. Sculpture ☒ 5. Crafts

Materials

*Cloisonne enamel inset in electroformed copper box*

Title

*Untitled*

Price or NFS

*NFS*

Insurance Value  
if NFS Only

*75.00*

Size

*2 1/4 x 1 3/4 x 1 3/8*

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
For Sale

Total No. in Edition

Price  
Unframed

Price of  
Frame

ACCEPTED

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

*4*

*(J/M)*

REJECTED

2

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography  
☐ 4. Sculpture ☒ 5. Crafts

Materials

*Cloisonne enamel inset in walnut box.*

Title *"Pam's Surprise"*

Price or NFS

*NFS*

Insurance Value  
If NFS Only

*\$50.00*

Size

*2 1/4 x 4 3/16 x 2 1/4*

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Unframed

Price of  
Frame

ACCEPTED

DO NOT WRITE IN  
THIS SECTION

ACCEPTED

RECEIVED

REJECTED

*X*

REJECTED

DATE

*3/25 BM*

DETACH